

Courts

UNITED STATES DISTRICT COURT

for the

Western District of N.Y.

Division

19 CV1188W

Case No.

(to be filled in by the Clerk's Office)

JANAH GRANT

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Jury Trial: (check one) ☒ Yes ☐ No

-v-

Commissioner ANNUNCI  
Superintendent THOMAS  
Dep of Security Shields  
CO: MS. Saunders & CO. J. Chahell

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

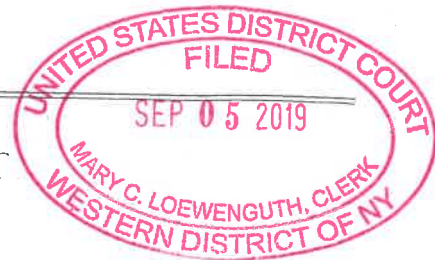
COMPLAINT FOR VIOLATION OF CIVIL RIGHTS  
(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.



I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Address

JANAH GRANT 08A2616  
Five points C.F. PO BOX 119  
ROMOLUS N.Y. 14541

County

Telephone Number

E-Mail Address

Seneca

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Job or Title (if known)

Address

Commissioner ANNUNCI  
1330 Washington Avenue  
Harriman State Campus  
Albany N.Y. 12224

County

Telephone Number

E-Mail Address (if known)

☒ Individual capacity ☒ Official capacity

Defendant No. 2

Name

Job or Title (if known)

Address

Superintendent Thomas  
Five point Corr. Facility  
PO BOX 119  
ROMOLUS N.Y. 14541

County

Telephone Number

E-Mail Address (if known)

Seneca

☒ Individual capacity ☒ Official capacity

Defendant No. 3

Name

Job or Title (if known)

Address

County

Telephone Number

E-Mail Address (if known)

Deputy Superintendent of Security  
MR. Shields

Five point corr. facility

ROMOLUS

City

State

Zip Code

Seneca

☒ Individual capacity

☒ Official capacity

Defendant No. 4

Name

Job or Title (if known)

Address

County

Telephone Number

E-Mail Address (if known)

CO: MS. GANNERS

Five points CF

PO BOX 119

ROMOLUS

City

State

Zip Code

Seneca

☒ Individual capacity

☒ Official capacity

II.

Basis for Jurisdiction

Defendant No. 5

CO: J. Chatell Five points CF

~~X individual capacity~~ ~~X official capacity~~

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐ Federal officials (a *Bivens* claim)

☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

Amendment 4 free from illegal search & seizures  
Amendment 8 Cruel & unusual punishment  
Amendment 14 failure to protect - due process  
Unlawful imprisonment

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

Directive  
violations  
Dir#4040  
701.6  
Dir#4910A  
Corr. 13814  
NAW

### III Statement of Claim

1) B33 Shields violated Dir#4910A when he authorized Co: J. Chatell & Co: Ms. Saunders who I have grievances against "Grievance #35772-36255-36290-36443" to search my cell when Dir#4910A states a inmate cell may be searched - a minimum once every 60 days. B33 Shields just authorized my cell to be searched 2 days prior on July 16, 2019 by Co M. Morgan 57611 Budget. Then on 7-18-19 B33 Shields authorize Co: Ms. Saunders to search my cell "see 10-bldg risk book for verification" and Co: Ms. Saunders places a weapon in my cell. B33 Shields and Co: Saunders violated Dir#4040 701.6 "a inmate shall not be retaliated - against for filing grievances and corr. law 138C4" and I was sent to SHU on 7-18-19 due to Co: Saunders placing a weapon in my cell.

I was in S-H-U from 7-18-19 to 8-2-19 when the charges for the weapon was dismissed. For 15 days I was depressed, stressed out of my mind, wondering if I'm receive a new charge, am I a persistent felon, can I get life how much S-H-U time I'm gonna get, what I'm gonna tell my mother, grandmother, daughters sister etc, I'm at the end of a 25yr sentence and now a new charge, I'm going crazy, not being seen by medical, Grievance #36443, being denied medical attention, my back is killing me "Co Saunders took my back medication - and told the nurses don't give it to me, I'm light headed, dizzy, I'm getting headaches no nurses coming to my cell, I'm killing out sick call slips every night from 7-18-19 to 8-2-19 no medical attention what so ever.

2) I was released from S-M-U on 8-2-19 and  
Boss Shields sent me back to the same  
housing block where Saunders placed the  
weapon in my cell.  
I was just unlawfully imprisoned for 15 days  
and then sent back to the same block which  
is failure to protect a conflict of interest  
deliberate indifference.

3) From Aug 2, 2019 when I was released from  
S-M-U to Aug 13, 2019 I wrote everybody, the  
A.G's office, office of special investigation,  
Commissioner Annucci of NY's DOC  
and the corr. association of NY in order  
pleading for help and to be transferred  
out of this facility before I was set up  
again, my family was calling the above  
as well as this facility to transfer me  
out before I was set up again, not  
only did nothing and on Aug 13, 2019,  
I was placed on contraband watch  
by Boss Shields for 9 days with no clothes,  
naked, no mattress, sheets, blankets,  
nothing, sleeping on steel naked in a  
freezing mental health observation  
cell for 9 days, from 8-13-19 to 8-22-19  
all authorized by Boss Shields, Sgt Thomas  
Lt Rubier, Lt Fuller, Lt Goodlynch, Sgt Jones  
Sgt Atwood, Sgt Beaten, Sgt Hernandez, Sgt Mason  
Ct. Saunders all conspired to torture me and  
get me a life sentence.

4) When I was released from contraband  
watch, no contraband was ever found.  
I received three tier 3 misbehavior  
reports, the retaliation is ongoing and  
won't stop until I'm transferred from  
this facility.

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

### III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur? **AT Five points CF**

**1061dg B-1 4 cell**

- B. What date and approximate time did the events giving rise to your claim(s) occur?

**ON JULY 18, 2019 6:45 PM**  
**ON AUG 13, 2019 TO AUG 22, 2019**  
**NO CONTRABAND FOUND**

- C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

**ON 7-18-19 833 Shields ordered my cell to be searched by Co: Saunders who I have multiple grievances against. During the cell search, Co Saunders placed a weapon in my cell and made Co: J. Chatell write the MBR which was dismissed 8-2-19. I did 15 days in SHU from 7-18 to 8-2, was denied medical attention for my back, dental, athletes feet, then after I was released from SHU on 8-2-19 I was sent back to the same housing block I was set up at and being threatened by Co: Roffa to place a weapon in my pocket. Co Roffa threatened me on 8-10-19 8:30 PM then on 8-13-19 I was placed on contraband watch for 4 days into 8-22-19. no contraband found. I was in a cell for 4 days naked - no mattress - sheets - clothes - etc sleep in on metal**

My Sanger radio-walkman-T.V-headphones was stolen by Co Saunders during the cell search

#### IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I had severe back pains, light headed & dizzy spells, numbness, loss of weight, hip & side pains from sleeping on metal "steel" naked cold runny nose, didn't receive any medical attention at all, was not allowed to speak to mental health or medical nor see OHN or medical, I was stress, depressed attempted to commit suicide on 8-13-19

#### V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

\$100,000  
I would like to be compensated for 15 days spent in SHU, 9 days on contraband watch, being denied OHN & medical attention, having a weapon placed in my cell, the COB writing false misbehavior reports.

The basis for this claim is I could've been given a new charge for the weapon Co Saunders placed in my cell and how the ASB shields conspired with Co Saunders & Co. J. Chatell to set me up and mentally destroy me. In the end of a 20yr sentence, a new charge would've mentally killed me, my family & daughters. I would also like the court to file charges against all defendants involved in this claim.

## VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

AUG 29 2019

Signature of Plaintiff

Tamara Grant

Printed Name of Plaintiff

TAMARA GRANT

### B. For Attorneys

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address

Affidavit of Service

State of NY  
County of Seneca

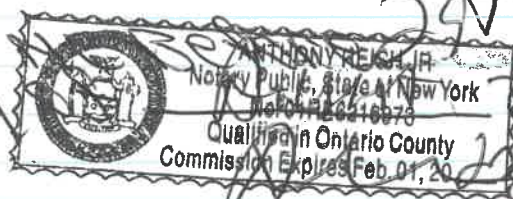
I Samal Grant OSA2016 being duly sworn under the penalty of perjury and I depose that on the 29 day of ~~August~~ 2019 that I mailed the below listed papers via U.S. Mail or that said papers were placed in the facility mail box for mailing in same for service on the below listed parties

New York State  
Attorney General  
Department of Law  
Albany, NY 12224

United States District Court  
for the Western of  
New York

Respectfully Submitted  
SAMAL GRANT  
Five Points Ct  
PO Box 119  
Romulus, NY 14541

Sworn To  
this day



Notary Public

Verification  
State of N.Y.  
County of Seneca

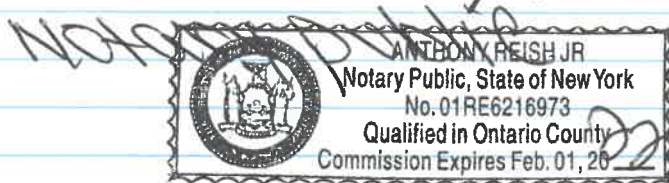
I Jamah Grant being duly sworn  
deposes and says

I am over the age of 18 and reside at  
Five point Corr. Facility

I am the above named and I have the  
forgoing Complaint against the State  
of N.Y. and know its content the same  
is true to my knowledge except as to  
the matters therein stated to be alleged  
on information and belief and as to  
those matters, I believe them to be true

Very Truly yours  
Jamah Grant  
Five points C.F.  
PO Box 119  
Romulus, N.Y. 14541

Sworn To me before 20TH  
this day of August 2019



STATE OF NEW YORK  
COURT OF CLAIMS

JAMAL GRANT

Claimant, Pro-Se

-against-

Comm. Annucci  
Supt. Thomas  
Det. Shields  
Co. Ins. Saunders & Co. J. Chatell  
The State of New York

Notice of Intention  
To File a 1983

Index #: hawaii

TO THE ATTORNEY GENERAL OF THE STATE OF NEW YORK  
(by certified mail)

PLEASE TAKE NOTICE, that the undersigned Jamal Grant, intends to file a claim against the State of New York, pursuant to Sections 10 and 11 of the Court of Claims Act.

The post office address of your pro-se claimant is:

Five Points Correctional Facility  
P.O. Box 119  
Romulus, New York 14541

For the time being, I am representing myself.

The time when, and the place where, such claim arose and the nature of my claim is as follows:

1. 8-13-19 12:30PM 10bldg
2. Five point C.F. I was placed on
3. Contraband watch for 9 days waked  
with no mattress - sheets - blankets  
Jamal Grant  
Claimant

DATED: 8/27/19

4) 7-18-19 had a weapon placed in my cell  
5) 8-2-19 weapon charges dismissed  
6) 8-13-19 placed on Contraband watch  
7) 8-22-19 released from Contraband watch  
no Contraband occurred  
FORM 138

VERIFICATION

I, Samal Grant being duly sworn, deposes and says that I am the petitioner in the above captioned matter, proceeding pro-se. I have read the foregoing petition, and know the contents thereof to be true, except as to matters stated upon information and belief, and as to those matters, I believe them to be true.

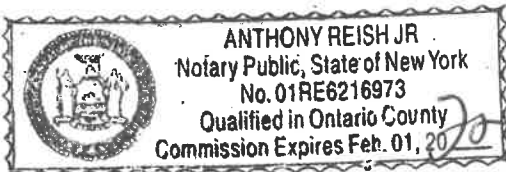
Respectfully submitted,

Samal Grant

Defendant, Pro-se  
Five Points C.F.  
P.O. Box 119  
Romulus, New York 14541

Sworn to before me this  
25 day of August, 2019

[Signature]  
NOTARY PUBLIC



Affidavit of Service

Notice of intent  
to file a 1983  
habeas

State of New York)  
County of Seneca)ss.:

I, Samuel Grant, being duly sworn, deposes and says:

I am over the age of 18 and reside at Five Points Correctional Facility.

On 8/27/19 I served the within Notice of intent upon the Attorney General of the State of New York by Certified Mail at the following address:

Department of Law  
Capital Building  
Albany, New York 12224

Very truly yours,

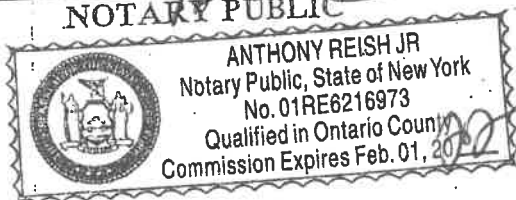
Samuel Grant

Claimant.

Five Points Correctional Facility  
P.O. Box 119  
Romulus, New York 14541

Sworn to before me this 29  
day of August, 2019

Anthony Reish Jr  
NOTARY PUBLIC



**FIVE POINTS CORRECTIONAL FACILITY**

STATE ROUTE 96, P.O. BOX 119  
ROMULUS, NEW YORK 14541

NAME: Samuel G. Smith DIN: 00000000 LOC: 1

Five Points

neopost®

09/02/2013

US POSTAGE \$001.45



Correct Mail Facility

SEP - 5 7

U.S. District Court  
Western District of  
New York  
Case No. 14-CV-00033

HELEN M. SMITH

## CIVIL COVER SHEET

19 CV1188w

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

## I. (a) PLAINTIFFS

Samah Grant

(b) County of Residence of First Listed Plaintiff \_\_\_\_\_  
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorney's (Firm Name, Address, and Telephone Number)

## DEFENDANTS

Commissioner Annucci, et al

County of Residence of First Listed Defendant \_\_\_\_\_  
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE LAND INVOLVED.

Attorneys (If Known)

## II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff ☒ 3 Federal Question (U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

## III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- |   |                            |                            |   |                            |                            |
|---|----------------------------|----------------------------|---|----------------------------|----------------------------|
|   | PTF                        | DEF                        |   | PTF                        | DEF                        |
| Citizen of This State                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State     | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State                | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation  | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

## IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS		FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury	<b>PERSONAL INJURY</b> <input type="checkbox"/> 362 Personal Injury - Med. Malpractice <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <b>PERSONAL PROPERTY</b> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 R.R. & Truck <input type="checkbox"/> 650 Airline Regs. <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <b>PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark	<input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC 3410 <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State Statutes
<b>REAL PROPERTY</b> <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<b>CIVIL RIGHTS</b> <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input checked="" type="checkbox"/> 440 Other Civil Rights	<b>PRISONER PETITIONS</b> <input type="checkbox"/> 510 Motions to Vacate Sentence <b>Habeas Corpus:</b> <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition	<b>LABOR</b> <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act <b>IMMIGRATION</b> <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 463 Habeas Corpus - Alien Detainee <input type="checkbox"/> 465 Other Immigration Actions	<b>SOCIAL SECURITY</b> <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(e)) <b>FEDERAL TAX SUITS</b> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	

## V. ORIGIN

(Place an "X" in One Box Only)

- ☒ Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from another district (specify) ☐ 6 Multidistrict Litigation ☐ 7 Appeal to District Judge from Magistrate Judgment

## VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

Brief description of cause:

1983

## VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23

## DEMAND \$

CHECK YES only if demanded in complaint:

JURY DEMAND: ☐ Yes ☐ No

## VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

## FOR OFFICE USE ONLY

RECEIPT # \_\_\_\_\_ AMOUNT \_\_\_\_\_ APPLYING IFP \_\_\_\_\_ JUDGE \_\_\_\_\_ MAG. JUDGE \_\_\_\_\_